

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AD FILED		APPLICANT		APPLICANT	
	DID	DEP	DID	DEP	DID	DEP
1	1					
2		1				
3		1				
4		1				
5	1					
6		1				
7		1				
8		1				
9		1				
10		1				
11		1				
12	1					
13	1					
14		1				
15		3				
16		1				
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49						
50						
TOTAL NO.	4					
TOTAL DEP.	18					
TOTAL CLAIMS	22					

	AD FILED		APPLICANT		APPLICANT	
	DID	DEP	DID	DEP	DID	DEP
51						
52						
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55						
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TOTAL NO.						
TOTAL DEP.						
TOTAL CLAIMS						